

## Family Health Promotion Plan (FHPP Concepts)

The health plan addresses all areas of a child's functioning and serves as a comprehensive blueprint for wellbeing. The plan is based on the premise that many extreme problems stem from multi-determined causes; therefore, intervention is required at multiple levels of the child-family's social ecology. The idea is to integrate body, mind, spirit and heart with environmental transactions. Chances for positive change are favored by leveraging many components of the child's world and infrastructure in the service of his and her needs and challenges. The plan is co-developed by the family, school and child, in addressing both strengths and needs. It helps families identify health promotion areas they may not have considered. Indeed, they may already be doing some of these practices and other things that work. (Enter those unlisted items already working for the family under **other**.) This plan affords building on what already works and is in place so new things to do may arise naturally out of what is already occurring.

Many of these ideas come from everyday routines. They are not necessarily secondary treatment interventions, but can be thought of as primary prevention protection factors. They can be built upon to multiply their effects and become promoting factors mediating growth and development in diminishing problems.

Solutions may come from other than problem solving a concern. Thinking and doing things may be helpful outside the original problem explanation. The FHPP was organized from a matrix comprising various levels of prevention on the left of the page as well as treatment strategies over the top right side of the page. The graphic was organized from developmental theory that supports movement and growth from reciprocal interaction of the child and his or her environment which we described as comprising in part, family, school and the cultural community.

As a family views the FHPP, its awareness of the four areas may bring up new solutions. The systems word "equifinality" means there are many pathways to the same end. We propose giving options and choices to such means and ends to the family. Only those solutions agreed upon are included. The family requires ownership for its own solutions and may be more likely to act on what it chooses from a list or suggested by its members rather than what's suggested by someone else—especially if there are perceived power and privilege differences. The child is also invited to participate with the adults as well as to make individual choices. The plan helps everyone remember what is recommended, and the provider must match what is asked for and needed by the family and child. Writing "what" will be done by "whom" and "when" and "how" helps accountability—especially if the plan is to be co-created by several parties. It also gives a contractual quality, and offers an agreement among the parties.

Our plan is also formatted left to right and describes first those elements that are preventive and primary. Moving to the right side, the features become more involved and are usually more costly. For example, good medical control for a treatment-resistant child with juvenile diabetes would be a desired end goal. A primary strategy under the Plan's family domain may include more time with the child, possibly including "special time". Under "**Family/Home**" within the FHPP Parent/Child Special Time is listed. It's likely that this may promote greater competence, self-esteem and self-care skills. On the right side of the page would be tertiary interventions including a medical care visit, resulting in increased insulin or monitoring Hemoglobin A1c, testing for good control. All four of the areas on the Plan suggest a bio-psycho-social approach with new ways of viewing, thinking, acting or changing context for each of the problems or strengths.

We believe that with a team or gathering of two or more persons having a wraparound philosophy, we are able to find ample ideas and solutions as well as to see a problem in relation to other domains. This is taking a transactional and broader contextual perspective of the world of those with disabilities, and thus creates better understanding the origins of resiliency.

It is from these origins and the admixture of multiple domains that we have distilled an array of “little generative experiences” which can be applied in any help-giving space toward promoting several larger social outcome themes. These themes include a felt sense of security and connection, and a stronger voice with which one’s stories can be heard, acknowledged and validated. One can then better make sense of the pieces and see how they fit together with greater understanding. This secures more meaningful stories and further enhances self-identity and its relation to both hurtful and fruitful disability experiences.